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Fiscal Year 2008 - 2009
(July 1, 2007 - June 30, 2009)

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*2 2007 - 2009
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*5 2009
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Our Commitment

Gwinnett Medical Center (GMC) is a not-for-profit and tax-exempt organization that operates exclusively to serve residents of Gwinnett County and surrounding communities. Our mission is to meet the healthcare needs of the community by providing quality health services. For over sixty years, we have been committed to the underserved, uninsured and indigent populations.

Our community has grown rapidly in the last forty years which has created challenges and opportunities for GMC in the provision of healthcare services for our residents. We continue to systematically expand our range of services and programs in order to meet our community’s growing identified healthcare needs. Our community has responded with strong and continuing support of our organization. We are fully committed to giving back to the community that supports us. Service to the community is one of our five core values.

The 2008-2009 Community Benefit Report is the executive summary of our community benefit plan and follows the guidelines outlined by the Catholic Health Association of the United States, VHA Inc. and the new guidance from the Internal Revenue Service (IRS). This report is a planned, managed and measured approach that demonstrates ways Gwinnett Medical Center – its physicians, staff, boards, programs and services – responds to the healthcare needs of our community. This year’s report provides a review of program and financial data for fiscal year 2008 and 2009 (July 1, 2007 through June 30, 2009).

Charity care costs and unreimbursed Medicaid combined for fiscal year 2008 was $24,547,084 and for 2009 it was $22,707,773. Community benefit programs and community building activities combine for fiscal year 2008 was $7,284,999 and for 2009 it was $6,172,653. The total community benefit for fiscal year 2008 was $31,828,220 and for 2009 the total was $28,876,231.

The community benefits provided by GMC go well beyond the financial contributions associated with indigent and charity care. It is impossible to accurately measure the value of the relationships between individuals, families and the GMC associates who care for them. Though the benefits gained through human interactions in the acts of caring, listening, teaching, helping, sharing and encouraging are intangible, they are the essential foundation for healing.
Our Community Health Assessment

GMC conducts a community needs assessment at regular intervals. The 2009-2010 Community Benefit Plan includes the most recent needs assessment for Gwinnett County using secondary data collected through the U.S. Census Bureau and other state and public agencies for years 2006 through 2008. This assessment provides a snapshot of our community in the areas of demographics including: population, economics, education, housing, labor, transportation and public assistance. Another way GMC gains the community’s perspective on community healthcare needs is by collaborating in the strategic planning process for Gwinnett Coalition for Health and Human Services which includes community member focus groups and other community forums of service agencies to assess community needs.

The plan assesses community health needs of Gwinnett County residents for years 2004 through 2007 by measuring mortality and hospitalization morbidity rates for disease states gathered by the Georgia Department of Human Resources, Division of Public Health. Using this information, we feel that we can better provide for the healthcare needs of our community.

Gwinnett County is located in the northeast suburbs of the metro Atlanta area and is 98 percent urban. This is the 50th largest county in the state of Georgia by land mass (432.73 square miles) and the second leading by population (more than 789,499 residents in 2008). According to the Georgia Office of Planning and Budget, the projected population in 2015 will be 962,111. By 2007, Gwinnett had grown to become the 66th most populated county in the nation. Two of the three hospitals in the county are facilities of Gwinnett Medical Center; the other hospital is a for profit organization. However, the metro Atlanta area has many healthcare organizations offering services.

At GMC, we believe Gwinnett residents from all life stage, racial, ethnic, gender or economic groups deserve quality healthcare. The population continues to become more racially and ethnically diverse with representation from across the nation and around the world. In 2008, the U.S. Census Bureau estimated the Gwinnett County population to be 50.3 percent non-Hispanic Whites, 21.6 percent non-Hispanic Blacks, 17.5 percent Hispanics, 9.3 percent non-Hispanic Asians and 1.9 percent were non-Hispanic Others (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiracial or Unknown).

Overall, Gwinnett County has a young population with the median age of the total population from 2000 through 2007 at 33.8 years of age; when viewed by race and ethnicity, the median age of non-Hispanic Whites was 34.7, non-Hispanic Blacks 29.1 and Hispanics 25.1. Thirty-one percent of the population or 247,555 residents were under 19 years of age and 10.5 percent or 83,242 residents were 60 years of age and older.
According to the Centers for Medicare and Medicaid Services (CMS), the percentage of Medicaid recipients compared to the total Gwinnett population has increased from 15.8 percent in 2004 to 16.6 percent in 2008 or 131,310 recipients. According to the CMS in 2007, there were 51,104 Medicare beneficiaries in Gwinnett County.

The lack of health insurance coverage is a significant barrier to accessing needed healthcare. In 2005, the U.S. Census Bureau Small Area Health Insurance estimated 24 percent of Gwinnett residents were uninsured; however, there is strong suggestion that this percentage has increased dramatically due to the recent economic downturn.

The U.S. Census Bureau’s American Community Survey 3-Year Estimates for 2006-2008 provides a representation of average characteristics of the population and is not representative of a single point in time. From these surveys, the following information has been made available about Gwinnett County.

- There were 256,000 households in Gwinnett. Families make up 75 percent of the households; 57 percent married-couple families and 18 percent other families. People living alone make up 20 percent of the population.
- Eighty-seven percent of residents 25 years of age and over have at least graduated from high school and 36 percent have a bachelor’s degree or higher. Thirteen percent of residents were dropouts, were not enrolled in school or had not graduated from high school.
- Twenty-four percent of the population was foreign born.
- Of individuals at least five years of age, 30 percent spoke a language other than English at home, 51 percent spoke Spanish. In addition, of those who spoke another language, 50 percent reported they did not speak English very well.
- Seventy-four percent of the population, 16 years of age and older, are in the labor force. Seventy-eight percent of workers drove to work alone. The mean travel time to work was 32.9 minutes (for workers over the age of 16).
- The median income of households was $66,846.
- Nine percent of residents were below the poverty level. Thirteen percent of related children under 18 were below the poverty level, compared with eight percent of the people 65 years of age and over. Seven percent of all families and 20 percent of families with a female head of household and no husband present had incomes below the poverty level.
- Four percent of the households did not have telephones.
- Three percent of the households did not have access to a car, truck or van for private use.

The leading causes of hospitalization (not including Emergency Department visits) were pregnancy with childbirthing complications; these complications were the leaders because of the larger number of younger individuals in Gwinnett’s population. Major cardiovascular diseases, including heart attack and stroke, were the second leading cause of mortality. Respiratory diseases took the third position with influenza/pneumonia as the leader in this category followed by asthma. The external causes category includes accidents and injuries, falls ranked as the number one reason for hospital admissions and motor vehicle crashes (MVC) ranked second.
The leading causes of premature death are important to evaluate because in many situations these may be preventable. The external causes category combines unintentional injuries or accidents (e.g., MVCs, poisonings, falls) and intentional injuries (e.g., suicides, homicides), which were the leading cause of premature death when ranked by years of life lost rates. Cancer and heart disease were also among the leaders.

Source: Georgia Division of Public Health, OASIS, 2009

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Source: Georgia Division of Public Health, OASIS, 2009
Our Vision: Investing in our Community

Our vision is to be the health system of choice in our community by enhancing the health of our patients and other customers. We live that vision by joining with physicians, community and other healthcare organizations to treat injury and disease as well as providing preventive and early intervention care. GMC’s Board of Directors is comprised of independent community leaders dedicated to providing quality healthcare for our community. Medical staff privileges in the hospitals are available to all qualified physicians as determined through a detailed credentialing process. GMC has over 800 affiliated physicians with 548 physicians in the active or active provisional categories as of June 30, 2009.

Full-time emergency departments operate at both the Lawrenceville and Duluth campuses. No one requiring emergency care is denied treatment. We reinvest all profits back into physician and staff training, facilities and equipment to continually improve patient care. In contrast to investor-owned hospitals, no part of net earnings directly or indirectly benefits any private shareholders or individuals.

Our Mission: Improving Community Health

Beyond our hospital system’s commitment to providing medical care to all persons, regardless of their financial status, we endeavor to provide services and programs focused on improving the health status of our community. As a not-for-profit organization, our commitment remains firm despite the fact some of these services and programs are provided at a financial loss.

Figure 3. Community Benefit Activities

Community benefits programs promote health and healing or provide treatment as a response to identified community needs or local public health priorities and meet one of these objectives: 1) enhances health of community, 2) improves access, 3) reduces burdens of government or 4) advances healthcare knowledge. Community building activities include programs that address root causes of health problems, such as poverty, homelessness and environmental problems. Community benefit programs and community building activities combined for fiscal year 2008 was $7,284,999 and for 2009 it was $6,172,653.

The Congregational Health Ministry program encourages faith communities to provide a health ministry in their congregations by training, supervising and supporting parish nurses to promote whole person health. Parish nurses function as case managers, personal health counselors, educators and volunteer coordinators for creative programs to improve the health of community members. Examples of these services include: awareness programs, support groups and shut-in visitation. The program made more than 63,100 community contacts in fiscal year 2008 and 62,300 contacts in 2009. Another important element of the role of parish nurses is the collaboration with other service agencies in the community.

As mentioned in the community assessment section, community collaborations continue to support our vision and mission and further tie us to the community we serve. As a founding and permanent member, GMC has actively participated in the Gwinnett Coalition for Health and Human Services Board and serves the community through initiatives driven by its subcommittees (e.g., Executive Committee, Board of
Directors, Great Days of Service, Research and Accountability Committee and the task force for the Youth Survey Fact Book).

GMC works with national agencies which have local chapters including: American Heart Association, American Red Cross, March of Dimes, American Stroke Association, American Cancer Society, American Diabetes Association and United Way.

GMC is involved with state and county government agencies; examples of those collaborations include: Georgia Department of Health and Human Services, East Metro District of the Public Health Department, GRN Community Service Board and the Georgia Trauma Care Network Commission.

GMC has focused on prevention, early detection and diagnostic activities for breast cancer. The Hereditary Cancer Risk Assessment Program provides counseling and testing for breast cancer. The American Cancer Society Patient Resource Navigator is a collaborative agreement where the cost is shared by GMC and the American Cancer Society. This program has been in place since fiscal year 2007. The Breast Health Navigator has been in place since fiscal year 2006.

Figure 4. Charity Care and Unreimbursed Medicaid

Charity care is reported as the cost of care provided and does not include uncollectible charges that the hospital recorded as revenue but wrote off due to failure to pay by the patients. Medicaid shortfalls are created when a facility receives payments that are less than the cost of caring for the public program beneficiaries. Charity care costs and unreimbursed Medicaid combined for fiscal year 2008 was $24,547,084 and for 2009 it was $22,707,773.

GMC provides financial assistance to Gwinnett County residents who meet the established eligibility requirements. GMC provided discounted and free care for 11,276 encounters for fiscal year 2008 and for 9,432 encounters for 2009. At GMC, our guidelines indicate that indigent care is for a family who has an income that does not exceed 125 percent of the Federal Poverty Income Guidelines. The charity care criteria apply when a family’s income is between 125 and 200 percent of the Federal Poverty Income Guidelines. However, a family that has unusual financial circumstances may qualify for charity care with a reduced patient liability. Families are responsible for making application for these types of financial assistant services. The financial assistance application is available in English and Spanish. Financial counselors are available at all facilities to assist patients and their families with billing questions as well as assisting patients with making application for federal, state and local programs including Medicare, Medicaid and local medical assistance programs for which they may be eligible. To arrange an appointment with one of our financial counselors, call 678-312-4406 or e-mail questions to ghsbilling@gwinnettmedicalcenter.org.

GMC provides price estimates in advance of services and treatment at a patient’s request. In addition, our goal is to ensure that our medical bills are accurate and easy to understand. We are committed to finding ways to help every patient pay the portion of their bill they are responsible for without experiencing an overwhelming financial burden. Billing statements include information about how to contact financial representatives and arrange payment plans.
The total community benefit for fiscal year 2008 was $31,828,220 and for 2009 the total was $28,876,231.

In December 2007, the IRS released new requirements for not-for-profit hospitals to report community benefit through the revised Form 990, Schedule H. This new method of reporting is more in-depth and utilizes guidelines established by the Catholic Health Association of the United States and VHA Inc. The tax form is designed to provide not-for-profit hospitals consistent measurements to demonstrate their community benefit and in doing so, justify the maintenance of their tax-exempt status. Our community benefit report supports the IRS guidelines. This year’s report provides a review of program and financial data for fiscal year 2008 and 2009 (July 1, 2007 through June 30, 2009).

According to the IRS, charity care does not include: bad debt or the cost of care provided to patients who fail to pay for services; the difference between the costs of care provided under Medicare and the revenue derived therefrom; or contractual adjustments with any third-party payors. The hospital system in fiscal year 2008 experienced bad debt costs and Medicare shortfalls of $41,390,296 and in 2009 the amount was $45,561,640.

One area of community benefit reporting identified by the IRS is the cost of providing subsidized health services. To qualify as a subsidized health service, the hospital must provide the service at a financial loss and it must meet an identified community need.

According to the IRS definition, subsidized health services are clinical services provided despite a financial loss to the organization. However, the financial loss is measured after removing losses measured by cost associated with bad debt, charity care, Medicaid and other means-tested government programs. A hospital service meets an identified community need if it is reasonable to conclude that if the hospital no longer offered the service, the service would be unavailable in the community; the community’s capacity to provide the service would be below the community's need; or the service would become the responsibility of the government or another tax-exempt organization. For fiscal years 2008 and 2009 the following were subsidized services provided by GMC:
The GMC OB/GYN Clinic is dedicated to serving the obstetric and gynecological needs of women of Gwinnett County who are uninsured, underinsured or Medicaid recipients through the clinic and hospital settings. One of the goals of the clinic is to provide early and comprehensive care throughout pregnancy in order to reduce infant and maternal mortality as well as maternal complications at delivery. In addition to care of pregnant women, the clinic provides screening for sexually transmitted diseases and treatment for Chlamydia and Gonorrhea.

The Miles & Lib Mason Children’s Clinic is dedicated to serving the uninsured and underinsured children in Gwinnett County for both preventative and sick-child care. In the hospital setting, this clinic provides care for newborns, Emergency Department pediatric patients as well as hospitalized children without established physician relationships. This clinic addresses the need of increasing the awareness of the prevention of childhood illnesses that can be avoided through proper and timely immunization. The clinic participates in the Georgia State Vaccines for Children program, and provides more than 18,500 vaccines to children each year; resulting in approximately 96 percent of the children at the clinic having current immunization by the age of three.

The Wound Treatment Center is an outpatient program on the Lawrenceville campus that is dedicated to the treatment of both acute and chronic non-healing wounds. The center’s specialized approach to wound management integrates current assessment, treatment, technology and education to develop a plan of care that is individualized to each patient’s needs. This service addresses an identified need to increase care and education about a variety of wounds and the need to avoid further and unnecessary complications through proper wound care.

The Diabetes & Nutrition Education Center maintains locations on both GMC campuses and is an accredited program by the American Diabetes Association. The center provides inpatient diabetes management and individualized outpatient diabetic support by providing access to personalized care.

Gwinnett SportsRehab’s goal is to provide cost-effective care that restores strength, mobility and function to facilitate a safe return to the client’s daily activity. Specialty programs include orthopedic/sports medicine, vestibular and amputee rehabilitation, as well as hand and aquatic therapies, arthritis management, lymphedema, pediatric rehab and fitness/conditioning programs. Customized treatment plans are designed to address the specific needs of the individual.

The Care-a-Van is a mobile mammography unit that provides low-cost breast health screenings throughout Gwinnett County. The unit distributes educational literature and provides a video on breast care to help further the education and awareness of the participants. Working together with the Breast Health Program, the Care-a-Van participates in health fairs and travels to underserved areas throughout Gwinnett County and surrounding areas. This service addresses the need of accessibility by providing screenings to those who otherwise would not have had access to regular testing.
Dialysis and Renal Services at GMC are performed through contract services with Fresenius Medical Care, which provides all resources, including machines and nursing staff. Through our joint efforts, we provide care for approximately 250 patients per month with an average of 20 nurses.

SummitRidge Center for Psychiatry and Addiction Medicine has 76 acute care beds and specializes in caring for individuals with both behavioral and mental disorders. SummitRidge Center provides assessment, treatment and counseling for a variety of emotional and substance related issues. The center maintains a 24-hour, seven day-a-week telephone crisis-line center that handles calls and performs assessments for psychiatric and substance abuse concerns.

Our Values: Service to the Community

Gwinnett Medical Center is a 500 licensed bed healthcare system with almost 4,300 employees. The hospital system includes two general hospitals, Gwinnett Medical Center-Lawrenceville and Gwinnett Medical Center–Duluth serving our area both within Gwinnett County and several of the surrounding counties.

GMC-Lawrenceville campus has 175 beds and has one of the busiest Emergency Departments (ED) in Georgia providing both emergency and trauma care services. This location has a Children’s Emergency Center and the ED is designated as a Level II Trauma Center providing 24-hour, seven days-a-week trauma team coverage. The trauma service is supported by the Center for Neuroscience, a multi-level neurological and neurosurgery unit, medical-surgical intensive care and orthopedic services.

The Gwinnett Women’s Pavilion, located adjacent to GMC-Lawrenceville, has 34 mother/baby unit beds and 15 High-Risk Pregnancy Unit beds and has become one of the largest providers of obstetrical (OB) services in the state. These services include maternal and infant care through childbirth education, High-Risk Pregnancy Unit, labor and delivery, surgical care, Level III Neonatal Intensive Care Unit (NICU), post-delivery care rooms and lactation support services. Additionally, the Women’s Boutique offers products for women battling cancer and lactation supplies for women choosing to breastfeed their infants.

The Gwinnett Extended Care Center (GECC) is also located at Gwinnett Medical Center-Lawrenceville. This facility is licensed separately from GMC with 89 nursing home beds. GECC provides various levels of quality, cost-effective care for those individuals who need subacute or intermediate care. The primary goal of this facility is to help our patients achieve their highest level of functioning.
Gwinnett Medical Center-Duluth (GMC-D) opened October, 2006 as a replacement facility for Joan Glancy Memorial Hospital. This facility has 81 beds with an expanded emergency department and auxiliary services but does not provide services in maternity/infant care or function as a trauma center.

Glancy Rehabilitation Center in Duluth is located in the newest section of the building on the old Joan Glancy Memorial Hospital campus with 30 rehabilitation beds and outpatient treatment services for individuals recovering from many disorders (e.g., strokes, joint surgery and brain trauma).

**Figure 7. Gwinnett Medical Center Service Volumes Fiscal Years 2006-2009**

<table>
<thead>
<tr>
<th>Service</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department discharges (GMC and GMC-D)</td>
<td>120,719</td>
<td>131,558</td>
<td>130,942</td>
<td>127,250</td>
</tr>
<tr>
<td>GMC Outpatient visits</td>
<td>242,078</td>
<td>239,868</td>
<td>239,987</td>
<td>240,994</td>
</tr>
<tr>
<td>Women’s Pavilion deliveries</td>
<td>5,843</td>
<td>6,206</td>
<td>6,332</td>
<td>5,866</td>
</tr>
<tr>
<td>Neonatal Intensive Care Unit (NICU) admissions</td>
<td>734</td>
<td>774</td>
<td>753</td>
<td>763</td>
</tr>
<tr>
<td>Total System admissions (excluding newborns)</td>
<td>25,792</td>
<td>27,853</td>
<td>27,341</td>
<td>23,497</td>
</tr>
<tr>
<td>Surgical patients (inpatient and outpatient)</td>
<td>26,274</td>
<td>27,020</td>
<td>26,881</td>
<td>26,919</td>
</tr>
<tr>
<td>Care-a-Van screening mammograms</td>
<td>1,522</td>
<td>1,583</td>
<td>1,807</td>
<td>1,744</td>
</tr>
<tr>
<td>Wound Treatment Center visits</td>
<td>4,520</td>
<td>5,000</td>
<td>4,924</td>
<td>5,234</td>
</tr>
<tr>
<td>Diabetes &amp; Nutrition Education Center (Inpatient and Community)</td>
<td>5,081</td>
<td>5,587</td>
<td>5,858</td>
<td>6,276</td>
</tr>
<tr>
<td>Miles and Lib Mason’s Children’s Clinic visits</td>
<td>24,080</td>
<td>26,427</td>
<td>33,782</td>
<td>30,429</td>
</tr>
<tr>
<td>OB/GYN Clinic visits</td>
<td>20,280</td>
<td>21,007</td>
<td>22,684</td>
<td>23,514</td>
</tr>
<tr>
<td>OB/GYN Clinic deliveries</td>
<td>1,457</td>
<td>1,446</td>
<td>1,420</td>
<td>1,367</td>
</tr>
</tbody>
</table>

*Source: GMC Operating Statistics FY 2006-2009*

The **GMC Auxiliary** had more than 225 volunteers supplying 30,900 donated hours of staff support annually. In addition to the time they spent volunteering at our facilities, the GMC Auxiliary contributed almost $100,000 for equipment and supplies, including a $15,000 pledge to the Foundation’s TIME MATTERS in the fight against Breast Cancer campaign. Gifts presented to departments included funds to have a harp player in different departments once a week, funds to purchase bed alarm systems to prevent patient falls on designated units, funds for a new parish nurse program for a local worship center and funds for stuffed bears for pediatric patients.
Conclusion

Gwinnett Medical Center is committed to providing services to our community. We continue to strive to identify and plan for the growing needs of this unique community. Patient safety and quality care are of the utmost importance within our organization as GMC continues to face the financial challenges of operating a growing healthcare system with ever-changing pressures of socioeconomic and governmental influences.

The healthcare needs of the community continue to evolve with our changing demographics, and as an organization, we continue to adjust to meet these needs. At this time, our organization focuses on providing care for young people, growing families and individuals with acute illnesses and chronic conditions.

There are some areas of need in our community that GMC does not directly address, but instead supports other agencies in the community. Crime is growing with an increasing number of homicides reported each year. Traffic related deaths continue to increase with more teenagers killed in traffic crashes.

Our Community Benefit Plan continues to detail programs, while making the necessary adjustments in our reporting structure to meet the new documentation requirements of the IRS. Our community has grown rapidly in the last forty years which has created challenges and opportunities for GMC. We continue to systematically expand our range of services and programs in order to meet our community’s growing identified healthcare needs.